

Extension Decision entered on AIWE: \_\_\_\_\_

(date)

Timely: ☐ Yes ☐ No

## W-2 AGENCY TIME LIMIT EXTENSION RECORD

The following document, in conjunction with appropriate information entered into the CARES system, will be the record used to support a W-2 agency's extension decision. Complete and place this form in a participant's file and submit a copy to the DWS Regional Office each time the W-2 agency makes an extension eligibility decision (W-2 Manual, Chapter 2).

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

### PART I – AGENCY INFORMATION

W-2 Agency/County	Date Extension Discussion Occurred With Participant
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### PART II – PARTICIPANT INFORMATION

1. Participant Name (Last, First, MI)	2. PIN	3. Case Number
4. Name of W-2 group member approaching 60 months (if different from W-2 participant).		5. Last Date of Time Limit
6. Extension Request: <input type="checkbox"/> 24-month <input type="checkbox"/> 60-month (If 24-month, go to box 7)	7. Current W-2 Employment Position	

### PART III – W-2 AGENCY'S EXTENSION DECISION

1. Is the W-2 participant eligible for a time limit extension? ☐ Yes ☐ No

**If Yes**, go to question #2 in this section.

**If No**, go to question **Part IV – Extension Denials**.

2. If this is a 60-month extension and the W-2 group member approaching 60 months is not the W-2 participant, did the FEP explain that the extension request is based on the W-2 participant meeting the extension criteria and that if the W-2 participant does not meet the extension criteria, the W-2 group may be ineligible for an extension?

(check ☒ one) ☐ Yes ☐ No ☐ N/A

3. Does the W-2 participant wish to pursue a time limit extension? ☐ Yes ☐ No

**If Yes**, go to **Part V – Extension Approvals**.

**If No**, explain why the participant has voluntarily declined the extension. Review written explanation with participant and have participant initial and date below:

(Participant initials and current date): \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PART IV – EXTENSION DENIALS

1. On what basis is the W-2 participant denied an extension? Check the appropriate box:

- ☐ Trial Job: Participant has not made all appropriate efforts to find and accept unsubsidized employment or local labor market conditions do not preclude a reasonable unsubsidized employment opportunity for the participant.

Check the CARES denial reason entered on AIWE: ☐ NAE ☐ LLM

- ☐ CSJ: Participant has not made all appropriate efforts to find and accept unsubsidized employment or local labor market conditions do not preclude a reasonable unsubsidized employment opportunity or Trial Jobs are available.

Check the CARES denial reason entered on AIWE: ☐ NAE ☐ LLM ☐ TJA

- ☐ W-2 T: Participant has not made all appropriate efforts to find unsubsidized employment by participating in all assigned activities or there are no significant barriers that prevent advancement to a higher W-2 employment position.

Check the CARES denial reason entered on AIWE: ☐ NPA ☐ NSB

2. Provide specific details describing what information was used in determining the appropriate denial code.  
(For example, if the local labor market (LLM) denial reason was used, describe what basis was established in determining that jobs were available in the labor market for this individual.)

3. Have the participant initial and date below to indicate that the following has been discussed:

a. The participant has been informed that s/he may continue to receive W-2 case management services in the CMD W-2 placement and that:

- 1) Although the participant will not receive a cash payment in the CMD placement, s/he will receive case management services while in this placement in order to help him/her succeed in finding employment or becoming eligible for a W-2 time limit extension. Case management services will include weekly contact with your assigned worker to discuss your job search and job search assistance activities or other assigned activities.
- 2) The participant's employability and eligibility for a time limit extension will be reassessed every 30 days and s/he may be placed in a W-2 cash-paying placement if otherwise eligible.
- 3) Regardless of whether or not the participant receives case management or other W-2 services, s/he may be eligible for other programs to help low-income families such as Job Center services, FoodShare, Child Care, Medicaid, Job Access Loans, Emergency Assistance, etc.

b. S/he has been informed of the right to request a Fact Finding for both the extension denial and CMD placement decisions (if applicable).

/ /

## PART V – EXTENSION APPROVALS

1. Check the Extension Type: (check ✓ one in each column)

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Trial Job                   | <input type="checkbox"/> Initial      |  |
| <input type="checkbox"/> Community Service Job (CSJ) | <input type="checkbox"/> Subsequent 1 | <input type="checkbox"/> Subsequent 7  |
| <input type="checkbox"/> W-2 Transition (W-2 T)      | <input type="checkbox"/> Subsequent 2 | <input type="checkbox"/> Subsequent 8  |
| <input type="checkbox"/> 60-Month                    | <input type="checkbox"/> Subsequent 3 | <input type="checkbox"/> Subsequent 9  |
|  | <input type="checkbox"/> Subsequent 4 | <input type="checkbox"/> Subsequent 10 |
|  | <input type="checkbox"/> Subsequent 5 | <input type="checkbox"/> Subsequent 11 |
|  | <input type="checkbox"/> Subsequent 6 | <input type="checkbox"/> Subsequent 12 |

2. Extension granted for \_\_\_\_\_ months.

3. Extension Begin Date:    /    /                      Extension End Date:    /    /

4. Please describe the specific actions the agency will be taking to assist the W-2 participant and his or her family during the extension period.

**PART V – EXTENSION APPROVALS (Continued)**

5. Check **all** barriers that apply to the W-2 participant:

## PHYSICAL

- ☐ Arthritis
- ☐ Asthma
- ☐ Headaches/Migraines
- ☐ Back Problems
- ☐ Musculoskeletal Disorder
- ☐ Fibromyalgia
- ☐ Chronic Pain
- ☐ Diabetes
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Medication Side Effects
- ☐ Carpal Tunnel Syndrome
- ☐ Other Physical

**MENTAL**

- ☐ Anxiety/Panic Disorder
- ☐ Bi-Polar
- ☐ Depression
- ☐ Post Traumatic Stress
- ☐ Paranoid Schizophrenia
- ☐ Agoraphobia
- ☐ Other Mental

**OTHER**

- ☐ AODA
- ☐ Domestic Violence
- ☐ Learning Disability
- ☐ Caring for Family Member
- ☐ Language
- ☐ Lack of Education
- ☐ Limited/No Work Experience
- ☐ Housing
- ☐ Family Issues
- ☐ Legal Issues
- ☐ CMC
- ☐ Other

6. Answer the following questions:

Does the W-2 participant have a DVR referral pending? ☐ Yes ☐ No

Is the W-2 participant receiving DVR services? ☐ Yes ☐ No

Does the W-2 participant have a pending SSI application or appeal? ☐ Yes ☐ No

**PART VI – SIGNATURES**

Participant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Authorized Agency Representative Signature \_\_\_\_\_

Date Signed
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